Semi-Annual	Statement	of No	<b>Activity</b>
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Type or print in ink.

STATEMENT OF NO ACTIVITY

ALICE M. REIMONE CITY CLERK CITY OF LODI

For Official Use Only

any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. Committees controlled by an officeholder or candidate may not use this form.

For use by recipient committees, except controlled committees, that have not received

NOTE: If the committee had, at any time during the year, any outstanding loans made or received, this form may not be used for the semi-annual statement on which the "Annual Report of Outstanding Loans" must be completed.

	Recipient Committee Information  NAME OF COMMITTEE   I.D. NUMBER	NAME OF TREASURER	
	Cifizen's Whitch Committee 930305  ADDRESS OF COMMITTEE (NO. AND STREET)	Chery L.E. Reinte PERMANENT ABORESS OF TREASURER (NO. AND STREET)	
	823 Sylvia Dr. STATE ZIPCODE	STATE ZIPCODE	
	Lodi CA 95240  AREA CODE/PHONE NUMBER	LOCH CA 95240 AREA CODE/DAYTIME PHONE NUMBER	
	(209) 334-9496	(209) 334-9496 OR (2091) 368-4802	
II	No contributions have been received and no expenditures have been made during the period covering the dates below:  Check one of the following boxes and complete the year.  January 1, through June 30, 19 July 1, through December 31, 19		
111	Perification  The description have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information on the original period on the foregoing is true and correct.		
	Executed on 2 Feb 98 At 2004, California Date CITY AND STATE	By Cheryl & E. Ruinke SIGNATURE OF TREASURER	

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.